

IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF NORTH CAROLINA  
WINSTON-SALEM DIVISION  
Civil Action No.: 1:22-CV-00451-LCB-LPA

MARAIM RIVERA, individually, and on )  
behalf of all others similarly situated, )  
Plaintiffs, )  
v. )  
CAPITAL LINK MANAGEMENT, LLC, )  
Defendant. )  
\_\_\_\_\_  
)

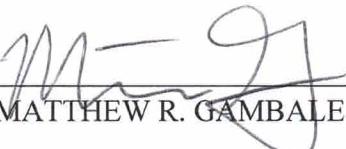
**AFFIDAVIT OF SERVICE**

I certify that a copy of the Civil Cover Sheet, Summons Class Action Complaint, Notice of Rights to Consent to Jurisdiction of a Magistrate Judge and Consent Form were deposited in the post office for mailing to the Defendant, Capital Link Management, LLC, via their registered agent by way of certified mail, return receipt requested, and that said copy was in fact received by the Defendant, Capital Link Management, LLC, on the corresponding date as evidenced by the attached return receipt.

FURTHER, THE AFFIANT SAYETH NOT.

This the 30<sup>th</sup> day of June, 2022.

By:

  
MATTHEW R. GAMBALE

NORTH CAROLINA  
WAKE COUNTY

Sworn to and subscribed before me, this the 30<sup>th</sup> day of June, 2022.

  
NOTARY PUBLIC

WILLIAM P. STANLEY

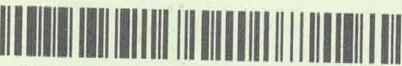
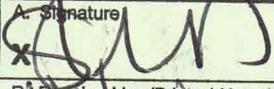
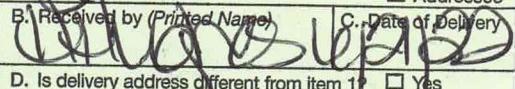
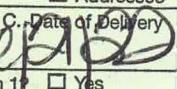
Printed Name

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| 0112<br>08<br>Postmark<br>Here<br><br>06/16/2022<br>RIVERA   |  |
| <small>7021 2720 0000 5868 0424</small><br><small>PS Form 3800, April 2015 PSN 7530-02-000-9047</small><br><small>See Reverse for Instructions</small>   |  |

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|---|--|---|--|
| <b>SENDER: COMPLETE THIS SECTION</b> <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p><b>Capital Link MGMT.<br/>c/o Reg. Agent<br/>2626 Glenwood Ave., Suite 550<br/>Raleigh, NC 27608</b></p> <p></p> <p>9590 9402 7043 1225 4035 17</p> <p>2. Article Number (Transfer from service label)</p> <p><b>7021 2720 0000 5868 0424</b></p> |  | <b>COMPLETE THIS SECTION ON DELIVERY</b> <p>A. Signature <br/> <input checked="" type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <br/> <small>Deliveries Up to 100</small></p> <p>C. Date of Delivery </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/> <small>If YES, enter delivery address below:</small> <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature<br/> <input type="checkbox"/> Adult Signature Restricted Delivery<br/> <input type="checkbox"/> Certified Mail®<br/> <input type="checkbox"/> Certified Mail Restricted Delivery<br/> <input type="checkbox"/> Collect on Delivery<br/> <input type="checkbox"/> Collect on Delivery Restricted Delivery<br/> <input type="checkbox"/> Insured Mail<br/> <input type="checkbox"/> Mail Restricted Delivery<br/> <input type="checkbox"/> Priority Mail Express®<br/> <input type="checkbox"/> Registered Mail™<br/> <input type="checkbox"/> Registered Mail Restricted Delivery<br/> <input type="checkbox"/> Signature Confirmation™<br/> <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> |  |
| <small>PS Form 3811, July 2020 PSN 7530-02-000-9053</small><br><small>Domestic Return Receipt</small>   |  |   |  |